

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **993**

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Southside Hosp.
(If outside city limits also write RURAL) 5 weeks (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 weeks; In Community 35 years; In Arizona 35 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Gilbert
(If outside city limits also write RURAL)
(d) Street No. ----- (e) Citizen of foreign country (Yes or No) No
If Yes, which country ----- (c) Social Security No. None
3. (a) FULL NAME George Willis LINES (b) If veteran name war -----

4. Sex M. 5. Race White ☒ Indian ☐ Negro ☐ 6. (a) Single, married, widowed or divorced Widowed
Oriental ☐

6. (b) Name of husband or wife Cora E. 6. (c) Age of husband or wife, if alive ----- yrs.

7. Birthdate of deceased October 21, 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 20 If less than one day
hrs. ----- min. -----

9. Birthplace Lincoln, Nebraska
(City, town or county) (State or Country)

10. Usual Occupation Retired Rancher

11. Industry or Business -----

12. Name Squire Lines
13. Birthplace No record
(City, town or county) (State or Country)

14. Maiden Name No record
15. Birthplace No record
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Porter Northrup
(b) Address Gila Bend, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa Cemetery (c) Date 2-13-48

18. (a) Embalmer's Signature Raymond E. Clark
(b) Funeral Director M. L. Gibbons Mortuary
(c) Address 33 North Sistrine, Mesa, Arizona

19. (a) 2-12-48
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 11, 1948
TIME (Hour and minute) 4:30 A. M.

21. I hereby certify that I attended the deceased from Sept 29, 1947 to Feb 11, 1948
that I last saw him alive on Feb 10, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma, greater curvature of stomach

Due to -----

Due to -----

Other conditions (Include pregnancy within three months of death)

Major findings: None

Of operations None

Of autopsy None

DURATION

Six months

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) -----

(b) Date of occurrence -----

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (a) Means of injury -----

23. Signature [Signature] M. D.

Address Mesa, Ariz. Date signed Feb 11, 1948